

ELECTRONIC MAIL INFORMED CONSENT

Many patients prefer the convenience of electronic mail ("e-mail") to other forms of communication. Diagnostic Pain Center ("DPC") offers established patients the opportunity to communicate by e-mail on weekdays during the normal business hours. E-mail communications will not be monitored during off-hours, holidays, or weekends.

DPC will make every effort to read and respond to an e-mail from you within two (2) working days. However, DPC cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Therefore, should you need immediate assistance or in the event of technological or equipment failure, please call the office at 512-981-7246.

E-mail is utilized by DPC for administrative use only and not for clinical purposes. Medically related questions should not be sent via e-mail and instead be sent via the patient portal.

The following types of information may be disclosed through e-mail:

- **Patient Treatment and Diagnosis:** All e-mails to or from patients concerning diagnosis or treatment will be filed in the patient record. Since the information will be considered part of the record, other individuals authorized to access the record, such as staff and billing personnel, will also have access to those e-mails. Note that all e-mail is retained in the record of the system sending the e-mail.
- **Disclosures within DPC Office:** DPC may forward e-mails internally to workforce members as necessary for diagnosis and treatment.
- **A REQUEST FOR MEDICAL RECORDS FROM DPC:** Your request for records from DPC may be submitted as provided in DPC's NOTICE OF PRIVACY PRACTICES.

Although DPC acknowledges the conveniences of e-mail, transmitting patient information by e-mail has a number of risks that you should seriously consider prior to using e-mail. These risks include, but are not limited to, the following:

- E-mail is subject to transmission errors.
- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcasted worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily send an e-mail to the wrong address.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.
- Employers and on-line services have a right to archive and inspect e-mails transmitted through their systems.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.
- Email can be hacked.
- E-mail is subject to malware, spam, phishing, and use by third parties for malicious or other purposes that can harm you.

Taking into account these risks, DPC will use reasonable means to protect the security and confidentiality of e-mail communications as required by HIPAA, HITECH and Texas Law. However, it is impossible for DPC to guarantee the security and confidentiality of e-mail communications. Should confidential information be improperly disclosed,

through no fault of DPC, DPC will not be liable for such disclosures.

E-MAIL SHOULD NOT BE USED FOR MEDICAL EMERGENCIES. IN THE EVENT OF AN EMERGENCY-CONTACT 911 IMMEDIATELY.

By consenting to communicate with DPC through e-mail, you also agree to the following responsibilities:

- If you send an e-mail to DPC that requires or invites a response, and one is not given within a reasonable time frame, it is your responsibility to notify DPC that the e-mail was received. You cannot assume that because it was not returned that it was received.
- It is your responsibility to schedule appointments.
- You should mail, by certified mail, and NOT use e-mail to make disclosures about sensitive medical information such as:
 - a. Substance Abuse
 - b. AIDS/HIV
 - c. Mental Health Disorders
 - d. Sexually Transmitted Diseases
- It is your responsibility to inform DPC of any changes to your e-mail address.

Should you want to restrict any other kind of information that may be disclosed through the use of e-mail, please list the restrictions below:

ACKNOWLEDGEMENT

I acknowledge that DPC provided me with a written copy of its Notice of Privacy Practices. I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

Patient Name: _____

Date of Birth: _____

SIGNATURE: Patient or Guarantor

Date

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